

WEEKLY REQUEST FOR DISLOCATED WORKER BENEFITS BY WORKER IN TRAINING

Worker's Name	Social Security No.	Training Week Ending Date
Mailing Address (No. & Street or P.O. Box, City or Town, State, Zip Code)		Check Here If New Address

A. Worker Allowances (To be completed by worker)

1. Have you filed (or do you intend to file) a claim or have you received unemployment insurance under any state or Federal law for all or any part of the training week covered by this claim? ☐ YES ☐ NO
If "YES," Type of Claim _____ Amount Received \$ _____
Which State Paid This To You _____

2. Are you on a vacation break? ☐ YES ☐ NO
If "YES," Date Break Started _____; Date Break Will End _____

B. Worker's Certification: I give this information to support my request for Dislocated Worker Benefits. The information contained in this request is correct to the best of my knowledge. I understand that there are penalties for willful misrepresentation made to obtain benefits to which I am not entitled.

Signature of Worker	Date
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C. Attendance in Training (To be completed by the Training Facility or Training Sponsor)

1. Training Terminated.
Date Terminated _____ Last Hour and Date Attended _____

2. Attendance Record.
- | | | |
|--------|------------------------|-----------------------------------|
| Enter: | "X" = Non-Training Day | "A" = Absent (Explain in Remarks) |
| | "P" = Present | "C" = Classes Cancelled |

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

- [illegible]

REMARKS:

D. Training Facility or Training Sponsor Certification. The answers in Part C are in accordance with our records. Statements made by the worker appear to be complete and correct to the best of my knowledge, unless otherwise noted.

Name of Training Facility/Sponsor	Telephone No.	Signature of Training Official	Date
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